

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/537,264-Conf. #7474
	Filing Date	February 28, 2008
	First Named Inventor	Antonio CAMARGO
	Art Unit	1654
	Examiner Name	G. M. M. Cordero
	Attorney Docket Number	1890-0103PUS1

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 02292

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)      | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6)      | Please explain below                     |

#### Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number. \_\_\_\_\_

OR

B. ☒ Inventor or Assignee Name BIOLAB SANUS FARMCEUTICA LTDA.

Address 5386 DOS BANDEIRANTES AV.

City	SAO PAULO	State		Zip	04071-900	Country	BRAZIL
Telephone				Email	c/o lavinia@montaury.com.br		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name	Mark J. Nuell	Registration No.	36,623
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Address Birch, Stewart, Kolasch & Birch, L.L.P.  
12770 High Bluff Drive, Suite 260

City	San Diego	State	CA	Zip	92130	Country	US
Date	May 11, 2010				Telephone No.	(858) 792-8855	

NOTE: Withdrawal is effective when approved rather than when received.